

BINGO SUPPLIER'S LICENSE APPLICATION

State of Wisconsin
Department of Administration
Division of Gaming
DOA-11637(R10/98)



Office of Charitable Gaming
P.O. Box 8979
Madison, WI 53708-8979
(608) 270-2530
FAX (608) 270-2564

Submit with Application:

1. License fee of **\$25** payable to: **Department of Administration-Gaming**
2. Sample of each type of bingo card to be sold for use in Wisconsin (original applications only)
3. Supplementary fee, based on gross sales during preceding year (see s.562.22(2)(b), Wis.Stats.)

CHECK ONE

Original _____ Renewal _____

License No. _____

PLEASE TYPE

1. Business Name	2. Business Address	3. Business Telephone Number ()
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4. FEIN or Social Security Number	Notice: Information collected may be used for eligibility approval, law enforcement (including child support and tax delinquency), and other secondary purposes. The Department may also provide some or all of this information pursuant to a request filed under Wisconsin's public records law, ss.19.31-19.39, Stats. The Division of Gaming is required to convey a bingo supplier license applicant's social security number or federal employer identification number to the Wisconsin Department of Workforce Development in compliance with s.563.28(2), Stats., and to the Department of Revenue in compliance with s.563.285(2) for the purpose of enforcing child and spousal support orders and tax payments.
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5. Type of Business - Check One _____ Sole Proprietor _____ Partnership _____ Corporation
If applicant's business is organized outside of Wisconsin, specify the name, address, and phone number of a Wisconsin resident agent who is authorized to be served legal documents and receive notices, orders, and other directives of the Division of Gaming.

6. Date Business Originally Established	7. City & State Where Established	8. Number of Years as a Supplier of Bingo Supplies & Equipment _____
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9. Officers, Directors, Partners, Owners, Shareholders - List all. Attach a separate sheet if necessary.				
Name	Date of Birth	Address	Title	% of Ownership

10. Suppliers of Bingo Supplies & Equipment to Applicant - List All. Attach a separate sheet if necessary.	
Name	Address

The undersigned, being a duly authorized officer or representative of the above named business, hereby certifies that: 1. No person employed by or active in the business, or married or related in the first degree of kinship to a person who has interest of more than 10% in the business: a) has been convicted of a felony who has not received a pardon or has not been released from parole or probation for at least 5 years, subject to ss.111.322 and 111.335, Wis Stats.: b) is or has been a professional gambler or gambling promoter, subject to ss.111.321,111.322 and 111.335, Wis Stats: c) is a public officer or employee. 2. All statements contained in this application are true and correct to the best of his/her knowledge and belief.

11. Name and Title of Authorized Representative	12. Signature of Authorized Representative	13. Date
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Subscribed and sworn before me this _____ day of _____, 19 _____	Office Use Only
Signature & Seal of Notary Public _____ Date Commission Expires _____	
14. Security Investigation	

15. Approved by Division	16. License Expires	17. License Number	
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